

GOVERNMENT OF THE DISTRICT OF COLUMBIA



**SAMPLE NOTICE: Non-MAGI Ineligibility Termination Notice**

Notice Date: 06/01/2023

Account ID: 99999999

JOHN DOE  
441 4<sup>th</sup> STREET, NW  
WASHINGTON, DC 20001

**Subject: Ineligible Decision For Medical Assistance Coverage**

Dear JOHN DOE:

Thank you for submitting your application for Medicaid on 04/15/2023.

This notice contains information about the Medicaid eligibility determination for JOHN DOE.

If there are other individual(s) in your household who have applied for medical assistance or if any of the individuals in your household are adults without dependent children, parents/caretaker relatives, pregnant women, or children, you will receive additional information regarding their eligibility for Modified Adjusted Gross Income (MAGI) Medicaid or other types of medical assistance in a separate notice.

**Your medical assistance coverage will be terminated because you did not submit the requested information for your renewal for us to determine your continued eligibility. Medical assistance for the following individual will terminate on 06/30/2023.**

**JOHN DOE**

The documents that we requested and that you failed to return were documents that verify your: Income, Resources and Residency.

This decision is supported by 42 C.F.R. 435.952(d)

*If you disagree with our decision, you have a right to ask for a Fair Hearing. Please see the section below called, "If You Think We Made a Mistake," and the insert referenced in that section for an explanation of your rights and how to request a Fair Hearing.*

If there are other individual(s) in your household who have applied for medical assistance or if any of the individuals in your household are adults without dependent children, parents/caretaker

**Questions?** Call District Direct Customer Service at 1-202-727-5355 or go online to [www.districtdirect.dc.gov](http://www.districtdirect.dc.gov). **[If Assister/Broker Assigned]** You may also contact <assister/broker organization name> at <assister/broker organization phone>.

relatives, pregnant women, or children, you will receive additional information regarding their eligibility for MAGI Medicaid or other types of medical assistance in a separate notice.

## Medicaid Decision

- The individual listed below is determined **not eligible** for Medicaid because their available **resources** are over the resource standard.

Individual(s)	Countable Resources	Medicaid Resource Standard
John Doe	\$5,200	\$4,000

This decision is supported by 42 USC § 1396a(a) (10)-; [IF ABD] 29 DCMR §9513.2(d) [IF Katie Beckett] 29 DCMR 9512.4(c)

*If you disagree with our decision, you have a right to ask for a Fair Hearing. Please see the section below called, "If You Think We Made a Mistake," and the insert referenced in that section for an explanation of your rights and how to request a Fair Hearing.*

## If You Think We Made a Mistake

If you disagree with any eligibility determination(s) provided in this notice, you have the right to appeal the determination decision(s). You may request an appeal by phone, in person, online, and by mail. You must request an appeal **by 09/30/2023** 42 C.F.R. §431.221(d), D.C. Official Code §4-210.09. **See the insert for more information on your appeal rights.**

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